

Notarized Approved Supplier Form

(APHIS Approval Number: _____)

This serves to inform officials of the United States Department of Agriculture's Animal and Plant Health Inspection Service that _____
(Facility's name); located at _____

(Facility's street address, including City, State, and Zip Code):

I. (Check one):

a. ____ only manufactures products/ingredients from animal origin materials included on this notarized form

OR

b. ____ only manufactures products/ingredients destined for export to the European Union from animal origin materials included on this notarized form and has in place a Separation Protocol

II. (Check all that apply):

a. ____ Is a blood collection facility where blood for export to the EU is only collected from animals not showing signs of communicable diseases. These animals are examined by an accredited veterinarian at least once every 30 days. Blood is collected onsite from animals of the following species:

_____;

b. ____ Is a blood processing/exporting facility which utilizes for export to the EU only Category 3 blood or blood products listed on page 2 of this form from suppliers approved by APHIS, the Food Safety and Inspection Service (FSIS), or other government approved slaughter facility. (This is the option to select if the facility is not a collection facility, or processes blood).

III. (Check one):

a. ____ This facility does NOT receive any animal origin materials (other than live animals) from suppliers not listed below; OR

b. ____ This facility has in place a written program for the prevention of commingling of materials from other sources with materials from the above suppliers. This program is in compliance with the principals of the "Small Entities Compliance Guide for Renderers, FDA Guidance to Industry 67."

Initials: ____ Page ____ of ____

NOTE- Do not list blood collected on-site on this form.

Species of origin of blood product	Name, City, and State of Approved Supplier (include country if not U.S.)	Approving Government Agency (e.g. FSIS or APHIS)	Approval Number of Supplier

Initials: ____ Page ____ of ____

I certify that the statements listed above are true to the best of my knowledge and belief.

Signed by: _____ Date: _____

Printed name of signing official: _____

Position of signing official: _____

Company name: _____

Notary signature and seal: _____